

March 30, 2010

Los Angeles County Board of Supervisors

> Gloria Molina First District

Mark Ridley-Thomas Second District

> Zev Yaroslavsky Third District

> > Don Knabe Fourth District

Michael D. Antonovich

TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D. W. Humm

Interim Director

SUBJECT: STATUS REPORT ON KEY INDICATORS OF

PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #32 (Agenda Item #S-1, March 30, 2010)

John F. Schunhoff, Ph.D. Interim Director

Robert G. Splawn, M.D. Interim Chief Medical Officer

313 N. Figueroa Street, Room 912 Los Angeles, CA 90012

> Tel: (213) 240-8101 Fax: (213) 481-0503

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of February 2010.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of February was 592 out of 671 licensed beds, an estimated 86% utilization rate (88% occupancy). Thus far, this ADC was the highest for the fiscal year, along with the month of August 2009. The census for Medical/Surgical units was an estimated 92% utilization rate (94% occupancy) for February 2010.

www.dhs.lacounty.gov

Emergency Department (ED) Indicators

To improve health through leadership, service and education.

Key indicators in the attachment demonstrate the trending of ED registrations as well as admissions to both the ED and the hospital. Several factors, such as Median ED Boarding Time and ED Diversion, have increased during this period, which was directly related to census. Similar increases have been noted in the past when census fluctuated upward.

Transfers Out and Average Length of Stay (ALOS)



Consistent with the increased census, the number of transfers out to Rancho Los Amigos and other hospitals increased to accommodate the number of patients requiring hospitalization. Previously, the overall measure of ALOS reached as high as 6.2 days/patient against a target of 5.5 days/patient. This is primarily due to the fact that low-acuity patients are transferred out to other facilities while higher level, tertiary care patients requiring longer stays remain hospitalized at LAC+USC. Efforts to reduce this trend have been very successful during the past 3 months with the ALOS hovering between 5.4-5.6 days/patient.

www.dhs.lacounty.gov

Each Supervisor March 30, 2010 Page 2

If you have any questions or need additional information please contact me or Carol Meyer, Chief Network Officer at (213) 240-8370.

JFS:CM:pm 811:003

Attachments

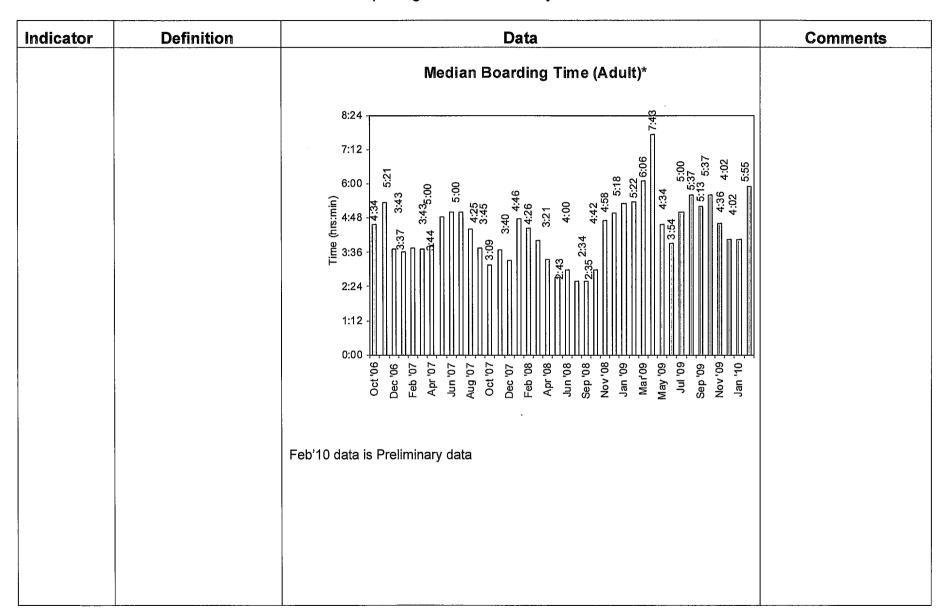
c: Chief Executive Office County Counsel Executive Office, Board of Supervisors

Indicator Definition	Data	Comments
Indicator #1 – Trends in Average Da	ily Census and Hospital Operations Metrics	
Average Daily Census (ADC) Ameasure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. Source of Data: Affinity	ADC 195	ADC provided as background information.

Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dail	y Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. Source of Data: Affinity Target: 95%	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb '08 '08 '09 '09 '09 '09 '09 '09 '09 '09 '09 '09	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Indicator Definition	Definition	Data	Comments
	Definition	3. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671 Med Center Census + Newborns + Psych Hosp Census / 671 90% - 82% 83% 85% 85% 85% 85% 85% 88% 87% 86% 84.5% 80% 73.7% 70% -	Comments
		30% - 20% - 10% - 20% - 10% - 20% -	
		Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals	

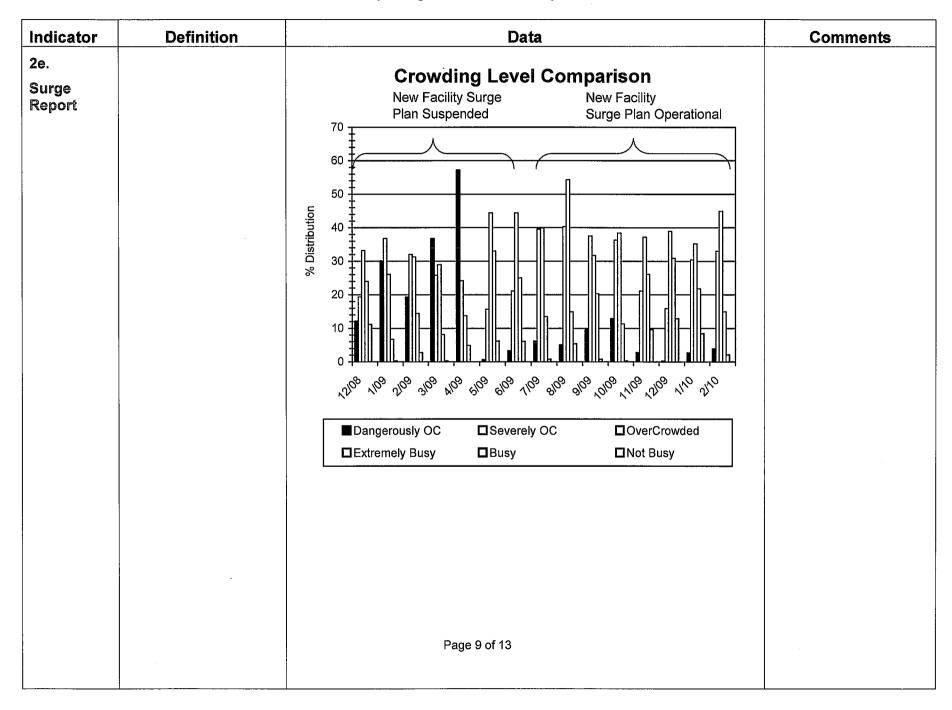
Definition	<u>Data</u>	Comments
Emergency Departmen	Metrics	
Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	8:24	
Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle	Time (hr.min 4:48 - 1.12 - 1.1	
Source of Data: Affinity Target: Less than 7 hours.	□Nov '08 □Dec '08 □Jan '09 □Feb '09 □Mar '09 □Apr '09 □May '09 □Jun '09 □Jul '09 □Aug '09 □Sep '09 □Oct '09 □Nov '09 □Dec '09 □Jan '10 □Feb '10 Feb '10 data is Preliminary data	
	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition). Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values. Source of Data: Affinity Target:	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition). Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values. Source of Data: Affinity Target:



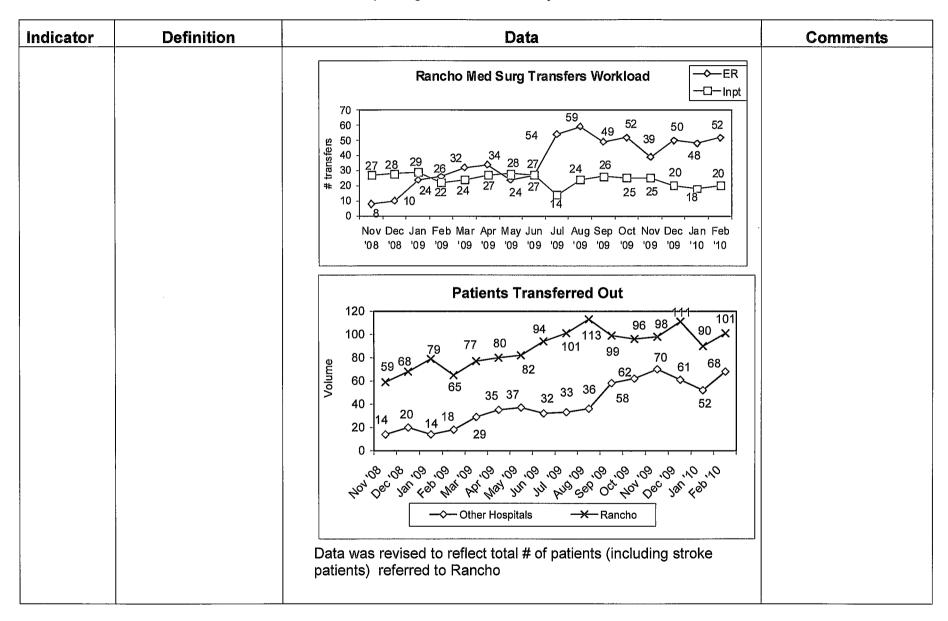
Indicator	Definition	Data	Comments				
Indicator #2	ndicator #2 - Emergency Department Metrics						
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity Target: No target value. Lower numbers are better.	Average ED Wait Time 14:24 12:00 9:36 4:48 2:24 0:00 Adult Wait Time: *Excludes Psych, Pediatric, Observation Upatients Total ED Wait time: *Excludes Psych, Observation Unit, and Feb '10 data is Preliminary data					

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	2500 Left Without Being Seen 2500 - 20% 18% 16% 14%	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data: Affinity Target: No target value. Lower numbers are better.	# 1000 - 10% 8 8 % 6 % 6 % 4 % 2 % 0 % 500 - 10 % 2 % 500 50 % 50 % 50 % 50 % 50 % 50	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation 70 60 49 45 42 34 36 37 38 38 38 38 38 38 38 38 38	This is slightly lower than the before move diversion history which generally ranged between 50-60%. Key points: Diversion is for paramedic runs only; Basic Life Support ambulances still arrive When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".



Indicator	Definition		Data			Comments
Indicator #3	– Trends for Patient Dive	rsions and Transfers & #4	– Transfers	to Rancho Los	Amigos Metrics	3
Pancho	Transfers: The volume of patients transferred to RLAH for	Month of Feb '10 Referrals from ER:				
Los Amigos	acute hospitalization		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	from the Emergency Department and from	# Met transfer criteria	97	NA		
Transfers	Inpatient Units.	# Referred to RLAH	81	22	103	
	Data Carres	# Transfers	52	22	74	
	Data Source: Manual record keeping.	# Denied	29	NA		
		# Cancelled	16*	NA		
	Cancelled category	# Patients refused*	12	NA		
	includes patients whose condition changed leading to higher level of care or	Referrals from Inpatients	: Med/Surg	Acute Stroke	Total	
	discharge home.	W B B a 4 to a constant of the state of the		NIA		
		# Met transfer criteria	51	NA 7	58	
		# Referred to RLAH	51	7	27	
		# Transfers	20 20	NA NA		
		# Denied	11*	NA NA		
		# Cancelled # Patients refused*		NA NA	-	
10			0		-	
		Other /Pending	0	NA		



Indicator	Definition	Data	Comments
Indicator #5	– Harris Rodde Indicator	'S	T
5. Average	LOS: The difference between discharge date and the admission date or 1 if	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range
Length of Stay	the 2 dates are the	ALOS	of 4.7 – 5.5 days in
(ALOS)	same.	6.5	2008. Immediately prior to the move, the ALOS
	Total LOS:	6.5 - 6.4	increased as the lower
*Harris Rodde Indicator	Calculation: ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.	6 5.6 5.6 5.8 5.7 5.8 5.8 6.0 6.0 5.9 5.1 5.8 5.6 5.5 5.5 5.2 5.2 5.1 5.3 5.2 5.2 5.1 5.3 4.7	acuity patients were transferred to other facilities. This trend may continue depending on number of transfers.
	Source of Data: Affinity	Oct '06 Dec '06 Feb '07 Aug '07 Aug '07 Oct '07 Feb '08 Aug '08 Nov '08 Nov '09 Jul '09 Sep '09 Sep '09 Jul '09	
	Target: <5.5 days	— Target ALOS — —Actual ALOS	

Indicator	Definition			Data			Comments
Indicator #6 – F	Pediatric Metrics						
6.	Census:						
Pediatric Bed Census and	The total number admitted pediatric inpatients at 12:00 AM	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
Occupancy (%)	midnight of a	Nov-08	56%	54%	50%	33%	
(10)	designated pediatric ward.	Dec-08	52%	60%	60%	40%	
Pediatric ICU	Occupancy:	Jan-09	52%	68%	70%	75%	
(PICU)	The total number of	Feb-09	50%	80%	80%	85%	
Neonatal ICU (NICU)	admitted pediatric inpatients divided by	Mar-09	57%	72%	70%	80%	
Pediatric Unit	the total number of	Apr-09	57%	60%	60%	75%	
Adolescent	licensed beds on that unit and reported as	May-09	62%	72%	70%	80%	
Unit	percentage.	Jun-09	60%	64%	60%	75%	
		Jul-09	57%	72%	60%	80%	
	Source of Data:	Aug-09	55%	64%	60%	80%	
	Affinity	Sep-09	55%	68%	70%	80%	
		Oct-09	45%	60%	60%	80%	
		Nov-09	35%	64%	70%	70%	
		Dec-09	40%	64%	70%	65%	
		Jan -10	60%	68%	70%	70%	
		Feb -10	65%	84%	80%	80%	